## ARIZONA DEPARTMENT OF ECONOMIC SECURITY

WORK SEARCH LOG from (the beginning date of your UI claim) \_\_\_\_\_\_ to next visit

(WORK SEARCH LISTED IS SUBJECT TO VERIFICATION)

RECORD ALL JOB SEARCHES. INCLUDES BUT ARE NOT LIMITED TO RESUMES SENT, INTERVIEWING, IN-PERSON INQUIRIES AND NETWORKING. PLEASE BRING YOUR WORK SEARCH LOG(S) WITH YOU TO YOUR INTERVIEWS.

CLAIMANT'S NAME (Last, First, M.I.)  SOC. SE							NO.
DATE	TYPE OF CONTACT	NAME AND ADDRESS (No OF EMPLOYER	o., Street, City, State, ZIP) CONTACTED	PHONE NO.	NAME OF PERSON CONTACTED	TYPE OF WORK SOUGHT	RESULTS/COMMENTS
CERTIFICATION IN THE CONTROL C	vered these questions fo	r the purpose of obtaining Ur	nemployment Insurance. I u	nderstand that the law	provides penalties for n	naking false state	ments.
CLAIMANT'S SIGNATURE			DATE	DEPUTY'S SIGNATURE			DATE

Equal Opportunity Employer/Program • Under the Americans with Disabilities Act (ADA), the Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. For example, this means that if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. This document is available in alternative formats by contacting your UI Call Center.